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Bib Data Sheet

CONFIRMATION NO. 7633

SERIAL NUMBER 09/691,896	FILING DATE 10/19/2000  RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 1335.001US1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

45C

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/24/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	MN	3	39	6

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## TITLE

Hydrogel vapor dispenser

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